

## **INSTRUCTIONS**

*Print clearly. Optional entries are used to simplify the data entry/retrieval process.*

### **BLOCK INSTRUCTIONS**

1. Certification Specialty (one per form). See MWI 3410.1, Personnel Certification Program.
2. Employee name.
3. Organization code (NASA mail code or contractor company name).
4. Employee telephone number.
5. Employee e-mail address.
6. Employee Social Security Number (optional).
7. Supervisor name and e-mail address.
8. Supervisor organization code.
9. Supervisor telephone number.
10. List all course titles that apply to the certifications requested, see MWI 3410.1, Personnel Certification Program, for required training. Attach training certificates, if applicable.
11. Course Date(s).
12. Employee signs.
13. Employee dates.
14. Supervisor signs.
15. Supervisor dates. (Note: Supervisor should not sign or date before employee.)
16. Proficiency Examiner checks "Pass" or "Fail", or N/A if not applicable.
17. Proficiency Examiner signs. (Note: Examiner must be on the Industrial Safety Branch Safety Proficiency Examiner list.)
18. Proficiency Examiner dates.
19. List crane numbers or forklift class.
20. Contractor Certifying Officer signs - for contractor employees only. (Note: Contractor Certifying Officer name must be on the Safety Certifying Officer list.)
21. Contractor Certifying Officer dates.
22. MSFC S&MA Safety Certifying Officer signs.
23. MSFC S&MA Safety Certifying Officer dates.
24. MSFC MAF Certifying Officer signs.
25. MSFC MAF Certifying Officer dates.

**DO NOT SUBMIT THIS FORM TO THE MEDICAL CENTER**

**PERSONNEL CERTIFICATION**

PAI - Privacy Act Information

Initial Certification ☐Recertification ☐

1. Certification:

2. Full Legal Given Name:

3. Organization Code:

4. Telephone Number:

5. Individual E-mail Address:

6. Social Security Number (Optional):

7. Supervisor Name and E-mail Address:

8. Organization Code:

9. Telephone Number:

**CLASSES REQUIRED FOR CERTIFICATION**

10. Class Name

11. Date(s) Attended

**INDIVIDUAL STATEMENT OF UNDERSTANDING**

*I understand the importance of performing the above specialty/skill in a manner that will not damage hardware or injure personnel.*

12. Signature:

13. Date:

**SUPERVISOR STATEMENT**

*This employee has met the requirements listed above. I hereby recommend certification.*

14. Signature:

15. Date:

**OTHER CERTIFICATION REQUIREMENTS**16. Proficiency Test: ☐ Pass ☐ Fail ☐ N/A

17. Examiner Signature:

18. Date:

19. Specify Crane Number(s) or Forklift Class:

**CERTIFICATION OFFICER APPROVAL STATEMENT**

*I have reviewed the above information and approve the individual's certification.*

20. Contractor Certifying Officer Signature:

21. Date:

22. MSFC S&amp;MA Certifying Officer Signature:

23. Date:

24. MSFC MAF Certifying Officer Signature:

25. Date:

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